

Family Planning

What is the service?

- Publicly funded family planning services in Washington include federal Title X services, and state funded programs administered by the Department of Health (DOH), as well as TAKE CHARGE and Pregnancy Extension services administered by the Department of Social and Health Services (DSHS).
- DOH's Family Planning and Reproductive Health section provides federal funds to clinics through Title X of the Public Health Services Act (U.S. Department of Health and Human Services) and state general funds. In addition to contraceptive services, clinics provide patient education and counseling; breast and pelvic examinations; cervical cancer screening; STD and HIV screenings; and pregnancy diagnosis and counseling. Men and women, both citizens and non-citizens, are eligible.
- TAKE CHARGE, a Medicaid research and demonstration project, was implemented by the Washington DSHS in July of 2001. TAKE CHARGE provides pre-pregnancy family planning services to low-income men and women at no cost to the client. The goal of the program is to reduce unintended pregnancy, lengthen the interval between births, and to reduce Medicaid expenditures for unintended births.
- Women who are Medicaid-eligible solely because of pregnancy continue to have Medicaid coverage for medical services (including post-pregnancy contraceptive services) for two months after the end of their pregnancy. After two months, those women who were Medicaid-eligible solely because of pregnancy receive a ten-month extension of eligibility for family planning services only (called Pregnancy Extension below). At the end of the ten month extension, women who are U.S. citizens may be enrolled in the TAKE CHARGE program, if they apply. Non-citizens are not eligible for TAKE CHARGE.
- Women whose Medicaid eligibility is unrelated to pregnancy continue to be eligible for full-scope Medicaid coverage, including family planning services, as long as they are Medicaid eligible.
- Individuals, including non-citizen immigrants, can receive contraceptive services through Community Health Centers. Fees are based on a sliding scale for those with incomes at or below 200% FPL. See *Safety Net Services* chapter for more information about Community Health Centers.

How/where is the service provided?

- In Washington State, Title X provides funding to 19 family planning agencies (10 of which are local health departments), which provide services at 65 sites. Washington state funds go to Title X agencies plus an additional 3 agencies for a total of 22 agencies and 77 sites.
- As of June 30th, 2004, 84 TAKE CHARGE providers offered services at 176 clinic sites.
- The majority of TAKE CHARGE clients are served by 10 family planning agencies (all of which are also Title X agencies). TAKE CHARGE providers also include 15 local health departments, 14 community clinics, and two university student health centers.

Eligibility

- Title X and DOH state funded family planning services are charged on a sliding fee scale for clients with incomes between 100% and 250% FPL. Clients whose income is at or below 100% FPL receive services at no charge to the client.
- Men and women who are not otherwise Medicaid-eligible, with family incomes at or below 200% of the FPL, are eligible for TAKE CHARGE if they are seeking to prevent unintended pregnancy. If a TAKE CHARGE client has partial coverage through another health insurance plan, then that plan will be billed first.
- Pregnant women with family incomes at or below 185% of the FPL are eligible for Medicaid-paid maternity care and for the ten month Pregnancy Extension (Family Planning Only).

Who is receiving the Service?

Clients receiving family planning services in Washington at clinics receiving at least some public funding, 2004 (Services include Title X, DOH state funded family planning, TAKE CHARGE, and Pregnancy Extension services.)

(Note: Columns are not mutually exclusive. Numbers should not be totaled across columns)

	Title X ¹		DOH State Funded ²		TAKE CHARGE ³		Pregnancy Extension ⁴	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Sex								
Female	130,865	94%	49,409	90%	100,272	95%	26,455	100%
Male	7,961	6%	5,770	10%	5,255	5%	not eligible	
Total	138,826	100%	55,179	100%	105,527	100%	26,455	100%
Age								
< 17	18,084	13%	7,090	13%	15,312	15%	667	3%
18-19	22,424	16%	9,364	17%	20,493	19%	2,189	8%
20-24	48,481	35%	20,718	38%	41,220	39%	10,591	40%
25-34	42,798	31%	13,901	25%	22,117	21%	11,040	42%
35+	7,039	5%	4,106	7%	6,385	6%	1,958	7%

¹ Unduplicated clients served in 2004 at clinics receiving some funding from Title X, as reported in Title X Client Visit Record Database, Infectious Disease and Reproductive Health Assessment, Washington State Department of Health, 8/05.

² Unduplicated clients served in 2004 at clinics receiving some Washington State General Funds from Department of Health Family Planning and Reproductive Health Program, Infectious Disease and Reproductive Health Assessment, Washington State Department of Health, 8/05. Data do not include about 350 clients seen at the Seattle Indian Health Board in 2004.

³ Unduplicated TAKE CHARGE clients who received any service in 2004, Medical Assistance Administration, Department of Social and Health Services, 8/05.

⁴ Unduplicated Pregnancy Extension clients who received any service in 2004, Medical Assistance Administration and First Steps Database, Department of Social and Health Services, 8/05.

	Title X ⁵		DOH State Funded ⁶		TAKE CHARGE ⁷		Pregnancy Extension ⁸	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Race					Not Available		Not Available	
White	101,876	73%	41,757	76%				
Black	6,043	4%	3,354	6%				
AIAN ⁹	2,045	2%	752	1%				
Asian	6,911	5%	3,212	6%				
NHOPI ¹⁰	1,729	1%	806	1%				
Other	15,497	11%	2,269	4%				
Multiple	4,725	3%	3,029	5%				
Ethnicity								
Hispanic	20,355	15%	3,465	6%				
Non-Hispanic	118,471	85%	51,714	94%				

Issues/Concerns

- Although Title X does not pay for abortion services, Congress has increasingly linked Title X to abortions. In FY 2005, Congress passed an appropriations rider that could negate the ability of a Title X clinic to supply an abortion referral to a woman facing an unintended pregnancy. In addition, abortion opponents in Congress report that their top priorities include a ban on Title X funding to clinics that use private funds to provide abortions.¹¹
- Nationally, after adjusting for inflation, Title X funding has remained essentially constant since 1980¹² even though the population needing services has increased. Title X clinics are confronting the increased cost of contraceptives and the increasing numbers of uninsured individuals.¹³
- At both the state and national levels, Medicaid expenditures continue to grow despite current cost containment efforts. Continuing budget shortfalls and reductions in services consistent with available resources are predictable.

⁵ Unduplicated clients served in 2004 at clinics receiving some funding from Title X, as reported in Title X Client Visit Record Database, Infectious Disease and Reproductive Health Assessment, Washington State Department of Health, 8/05.

⁶ Unduplicated clients served in 2004 at clinics receiving some Washington State General Funds from Department of Health Family Planning and Reproductive Health Program, Infectious Disease and Reproductive Health Assessment, Washington State Department of Health, 8/05. Data do not include about 350 clients seen at the Seattle Indian Health Board in 2004.

⁷ Unduplicated TAKE CHARGE clients who received any service in 2004, Medical Assistance Administration, Department of Social and Health Services, 8/05.

⁸ Unduplicated Pregnancy Extension clients who received any service in 2004, Medical Assistance Administration and First Steps Database, Department of Social and Health Services, 8/05.

⁹ American Indian/Alaska Native

¹⁰ Native Hawaiian/Other Pacific Islander

¹¹ Gap Widening Between U.S. Women's Birth Control Needs and Government Response, The Alan Guttmacher Institute, March 2005.

¹² Conservatives' Agenda Threatens Public Funding For Family Planning, The Alan Guttmacher Institute, February 2005.

¹³ U.S. Policy Can Reduce Cost Barriers to Contraception, The Alan Guttmacher Institute, July 1999.

- The need for family planning services for non-citizen individuals in Washington is significant and continues to grow.¹⁴ Non-citizens are not eligible for TAKE CHARGE, although women may receive post-pregnancy contraceptive care for up to one year through the state-funded Pregnancy Extension program. They may receive sliding-scale contraceptive services through Title X and DOH funded clinics as well as Community and Migrant Health Centers if their income is at or below 200% of the FPL.
- In addition to non-citizens served by Title X, DOH state funds, and the DSHS state funded Pregnancy Extension program, the Washington State Department of Health Family Planning and Reproductive Health Program is currently administering a pilot project to increase access to contraception for the Non-citizen population in Washington State.

¹⁴ Washington State Take Charge Medicaid Section 1115 Demonstration Waiver, 7/1/2003 – 6/30/2004 Annual Report.